

State of Delaware  
Group Health Insurance Program  
Civil Union Health Plan Rates  
Effective September 1, 2015

Employees who cover a civil union spouse and/or civil union spouse's children and all dependents are IRS tax qualified, should refer to the Group Health Insurance Program Rate Sheet Effective September 1, 2015

Coverage Code	Description	Total Monthly Rate	Employer/ State Share	Imputed Income	Before Tax Employee Share	After Tax Employee Share
<b>First State Basic</b> <i>Administered by Highmark Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,336.02	\$1,282.60	\$662.72	\$25.86	\$27.56
J	Emp & IRSNQ Child	\$981.60	\$942.34	\$322.46	\$25.86	\$13.40
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,670.08	\$1,603.30	\$983.42	\$25.86	\$40.92
P	Emp+Child & IRSNQ Spouse	\$1,670.08	\$1,603.30	\$660.96	\$39.26	\$27.52
R	Emp+Child & IRSNQ Child	\$981.60	\$942.34	\$322.46	\$39.26	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,670.08	\$1,603.30	\$983.42	\$39.26	\$27.52
W	EE & IRSNQ Sp + Qual Child	\$1,670.08	\$1,603.30	\$660.96	\$39.26	\$27.52
X	Emp & IRSQ Sp+NQChild(ren)	\$1,670.08	\$1,603.30	\$320.70	\$53.42	\$13.36
Y	Emp+Child & IRSNQ SP+QChild	\$1,670.08	\$1,603.30	\$660.96	\$39.26	\$27.52
Z	Emp+Child & IRSQ Sp+NQChild	\$1,670.08	\$1,603.30	\$322.46	\$66.78	\$0.00
<b>Aetna CDH Gold</b> <i>Administered by Aetna</i>						
I	Emp & IRSNQ Spouse	\$1,385.74	\$1,316.48	\$681.56	\$33.40	\$35.86
J	Emp & IRSNQ Child	\$1,021.10	\$970.06	\$335.14	\$33.40	\$17.64
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,760.46	\$1,672.44	\$1,037.52	\$33.40	\$54.62
P	Emp+Child & IRSNQ Spouse	\$1,760.46	\$1,672.44	\$702.38	\$51.04	\$36.98
R	Emp+Child & IRSNQ Child	\$1,021.10	\$970.06	\$335.14	\$51.04	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,760.46	\$1,672.44	\$1,037.52	\$51.04	\$36.98
W	EE & IRSNQ Sp + Qual Child	\$1,760.46	\$1,672.44	\$702.38	\$51.04	\$36.98
X	Emp & IRSQ Sp+NQChild(ren)	\$1,760.46	\$1,672.44	\$355.96	\$69.26	\$18.76
Y	Emp+Child & IRSNQ SP+QChild	\$1,760.46	\$1,672.44	\$702.38	\$51.04	\$36.98
Z	Emp+Child & IRSQ Sp+NQChild	\$1,760.46	\$1,672.44	\$335.14	\$88.02	\$0.00
<b>Highmark CDH Gold</b> <i>Administered by Highmark Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,385.74	\$1,316.48	\$681.56	\$33.40	\$35.86
J	Emp & IRSNQ Child	\$1,021.10	\$970.06	\$335.14	\$33.40	\$17.64
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,760.46	\$1,672.44	\$1,037.52	\$33.40	\$54.62
P	Emp+Child & IRSNQ Spouse	\$1,760.46	\$1,672.44	\$702.38	\$51.04	\$36.98
R	Emp+Child & IRSNQ Child	\$1,021.10	\$970.06	\$335.14	\$51.04	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,760.46	\$1,672.44	\$1,037.52	\$51.04	\$36.98
W	EE & IRSNQ Sp + Qual Child	\$1,760.46	\$1,672.44	\$702.38	\$51.04	\$36.98
X	Emp & IRSQ Sp+NQChild(ren)	\$1,760.46	\$1,672.44	\$355.96	\$69.26	\$18.76
Y	Emp+Child & IRSNQ SP+QChild	\$1,760.46	\$1,672.44	\$702.38	\$51.04	\$36.98
Z	Emp+Child & IRSQ Sp+NQChild	\$1,760.46	\$1,672.44	\$335.14	\$88.02	\$0.00
<b>Aetna HMO</b> <i>Administered by Aetna</i>						
I	Emp & IRSNQ Spouse	\$1,421.36	\$1,328.96	\$698.62	\$43.80	\$48.60
J	Emp & IRSNQ Child	\$1,031.28	\$964.24	\$333.90	\$43.80	\$23.24
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,773.54	\$1,658.28	\$1,027.94	\$43.80	\$71.46
P	Emp+Child & IRSNQ Spouse	\$1,773.54	\$1,658.28	\$694.04	\$67.04	\$48.22
R	Emp+Child & IRSNQ Child	\$1,031.28	\$964.24	\$333.90	\$67.04	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,773.54	\$1,658.28	\$1,027.94	\$67.04	\$48.22
W	EE & IRSNQ Sp + Qual Child	\$1,773.54	\$1,658.28	\$694.04	\$67.04	\$48.22
X	Emp & IRSQ Sp+NQChild(ren)	\$1,773.54	\$1,658.28	\$329.32	\$92.40	\$22.86
Y	Emp+Child & IRSNQ SP+QChild	\$1,773.54	\$1,658.28	\$694.04	\$67.04	\$48.22
Z	Emp+Child & IRSQ Sp+NQChild	\$1,773.54	\$1,658.28	\$333.90	\$115.26	\$0.00

Coverage Code	Description	Total Monthly Rate	Employer/ State Share	Imputed Income	Before Tax Employee Share	After Tax Employee Share
<b>Highmark HMO/IPA</b> <i>Administered by Highmark Delaware</i>						
I	Emp & IRSNQ Spouse	\$1,425.86	\$1,333.18	\$702.32	\$43.82	\$48.86

J	Emp & IRSNQ Child	\$1,032.32	\$965.22	\$334.36	\$43.82	\$23.28
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,778.98	\$1,663.34	\$1,032.48	\$43.82	\$71.82
P	Emp+Child & IRSNQ Spouse	\$1,778.98	\$1,663.34	\$698.12	\$67.10	\$48.54
R	Emp+Child & IRSNQ Child	\$1,032.32	\$965.22	\$334.36	\$67.10	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,778.98	\$1,663.34	\$1,032.48	\$67.10	\$48.54
W	EE & IRSNQ Sp + Qual Child	\$1,778.98	\$1,663.34	\$698.12	\$67.10	\$48.54
X	Emp & IRSQ Sp+NQChild(ren)	\$1,778.98	\$1,663.34	\$330.16	\$92.68	\$22.96
Y	Emp+Child & IRSNQ SP+QChild	\$1,778.98	\$1,663.34	\$698.12	\$67.10	\$48.54
Z	Emp+Child & IRSQ Sp+NQChild	\$1,778.98	\$1,663.34	\$334.36	\$115.64	\$0.00

**Comprehensive PPO**  
*Administered by Highmark Delaware*

I	Emp & IRSNQ Spouse	\$1,529.78	\$1,327.10	\$687.56	\$97.68	\$105.00
J	Emp & IRSNQ Child	\$1,136.16	\$985.64	\$346.10	\$97.68	\$52.84
K	Emp & IRSNQ Sp+NQChild(ren)	\$1,912.44	\$1,659.06	\$1,019.52	\$97.68	\$155.70
P	Emp+Child & IRSNQ Spouse	\$1,912.44	\$1,659.06	\$673.42	\$150.52	\$102.86
R	Emp+Child & IRSNQ Child	\$1,136.16	\$985.64	\$346.10	\$150.52	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$1,912.44	\$1,659.06	\$1,019.52	\$150.52	\$102.86
W	EE & IRSNQ Sp + Qual Child	\$1,912.44	\$1,659.06	\$673.42	\$150.52	\$102.86
X	Emp & IRSQ Sp+NQChild(ren)	\$1,912.44	\$1,659.06	\$331.96	\$202.68	\$50.70
Y	Emp+Child & IRSNQ SP+QChild	\$1,912.44	\$1,659.06	\$673.42	\$150.52	\$102.86
Z	Emp+Child & IRSQ Sp+NQChild	\$1,912.44	\$1,659.06	\$346.10	\$253.38	\$0.00

**Note: Enrollment in a medical plan includes enrollment in the prescription program  
and employee assistance program**

**DominionDHMO**  
*Administered by Dominion Dental*

I	Emp & IRSNQ Spouse	\$46.00	\$0.00	\$0.00	\$24.74	\$21.26
J	Emp & IRSNQ Child	\$49.58	\$0.00	\$0.00	\$24.74	\$24.84
K	Emp & IRSNQ Sp+NQChild(ren)	\$67.32	\$0.00	\$0.00	\$24.74	\$42.58
P	Emp+Child & IRSNQ Spouse	\$67.32	\$0.00	\$0.00	\$49.58	\$17.74
R	Emp+Child & IRSNQ Child	\$49.58	\$0.00	\$0.00	\$49.58	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$67.32	\$0.00	\$0.00	\$49.58	\$17.74
W	EE & IRSNQ Sp + Qual Child	\$67.32	\$0.00	\$0.00	\$49.58	\$17.74
X	Emp & IRSQ Sp+NQChild(ren)	\$67.32	\$0.00	\$0.00	\$46.00	\$21.32
Y	Emp+Child & IRSNQ SP+QChild	\$67.32	\$0.00	\$0.00	\$49.58	\$17.74
Z	Emp+Child & IRSQ Sp+NQChild	\$67.32	\$0.00	\$0.00	\$67.32	\$0.00

**Delta Dental PPO Plus Premier**  
*Administered by Delta Dental*

I	Emp & IRSNQ Spouse	\$72.14	\$0.00	\$0.00	\$35.34	\$36.80
J	Emp & IRSNQ Child	\$70.82	\$0.00	\$0.00	\$35.34	\$35.48
K	Emp & IRSNQ Sp+NQChild(ren)	\$118.18	\$0.00	\$0.00	\$35.34	\$82.84
P	Emp+Child & IRSNQ Spouse	\$118.18	\$0.00	\$0.00	\$70.82	\$47.36
R	Emp+Child & IRSNQ Child	\$70.82	\$0.00	\$0.00	\$70.82	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$118.18	\$0.00	\$0.00	\$70.82	\$47.36
W	EE & IRSNQ Sp + Qual Child	\$118.18	\$0.00	\$0.00	\$70.82	\$47.36
X	Emp & IRSQ Sp+NQChild(ren)	\$118.18	\$0.00	\$0.00	\$72.14	\$46.04
Y	Emp+Child & IRSNQ SP+QChild	\$118.18	\$0.00	\$0.00	\$70.82	\$47.36
Z	Emp+Child & IRSQ Sp+NQChild	\$118.18	\$0.00	\$0.00	\$118.18	\$0.00

**EyeMed Vision Plan**  
*Administered by EyeMed Vision Care*

I	Emp & IRSNQ Spouse	\$9.94	\$0.00	\$0.00	\$6.30	\$3.64
J	Emp & IRSNQ Child	\$10.14	\$0.00	\$0.00	\$6.30	\$3.84
K	Emp & IRSNQ Sp+NQChild(ren)	\$16.36	\$0.00	\$0.00	\$6.30	\$10.06
P	Emp+Child & IRSNQ Spouse	\$16.36	\$0.00	\$0.00	\$10.14	\$6.22
R	Emp+Child & IRSNQ Child	\$10.14	\$0.00	\$0.00	\$10.14	\$0.00
S	Emp+Child & IRSNQ Sp+NQChild	\$16.36	\$0.00	\$0.00	\$10.14	\$6.22
W	EE & IRSNQ Sp + Qual Child	\$16.36	\$0.00	\$0.00	\$10.14	\$6.22
X	Emp & IRSQ Sp+NQChild(ren)	\$16.36	\$0.00	\$0.00	\$9.94	\$6.42
Y	Emp+Child & IRSNQ SP+QChild	\$16.36	\$0.00	\$0.00	\$10.14	\$6.22
Z	Emp+Child & IRSQ Sp+NQChild	\$16.36	\$0.00	\$0.00	\$16.36	\$0.00